EquiLAC

BUILDING KNOWLEDGE TO INFORM POLICIES

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Health Systems Based in PHC

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Punishment: Presenting after lunch

"..the worst time of the day to give a presentation is about 45 minutes after lunch." . . or right now!!

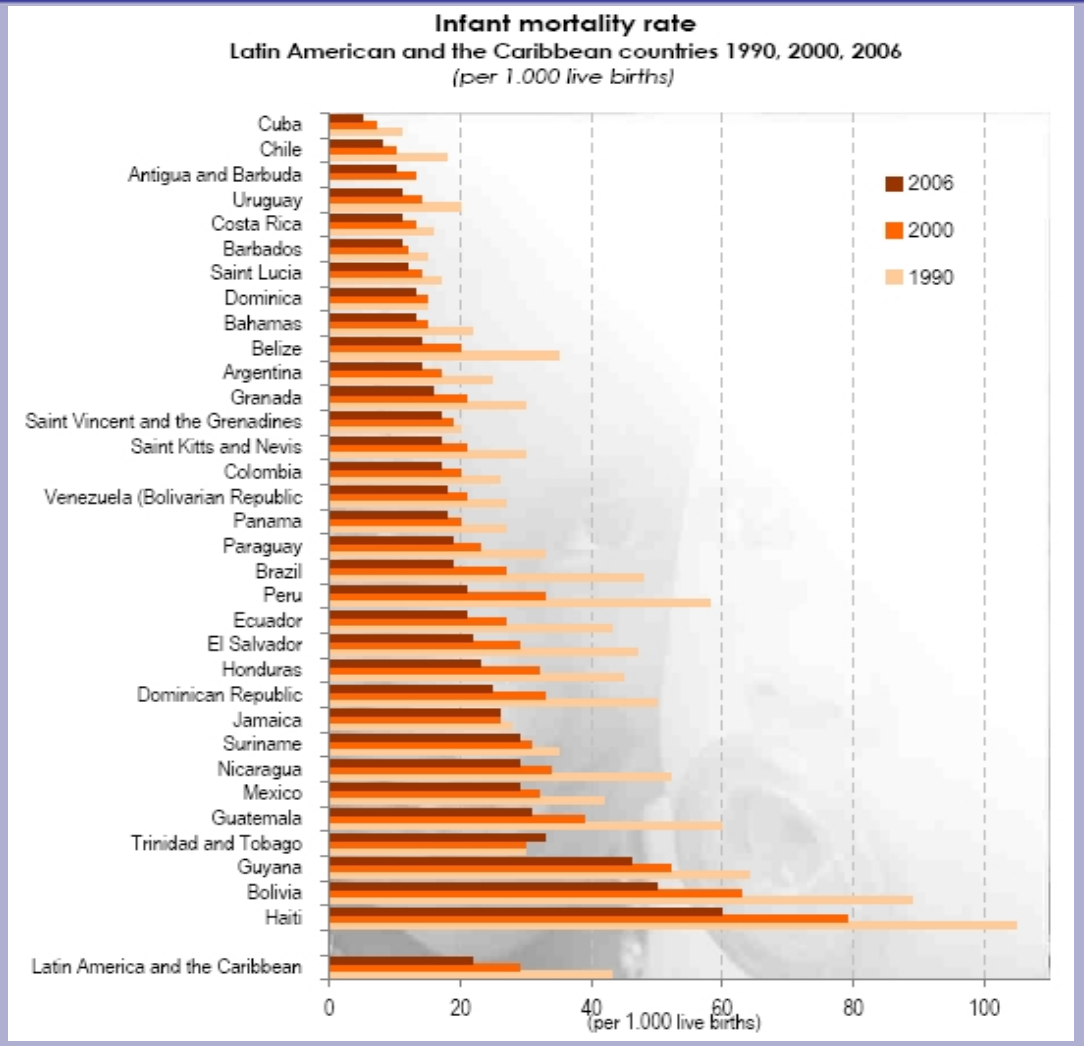
Equity and Universal Coverage

"Universal coverage implies that financing and organizational arrangements are sufficient to cover the entire population, removing ability to pay as a barrier to accessing health services and protecting people from financial risk, while providing additional support to meet equity goals and implement health promoting activities." PHC 2007

Equity and Universal Coverage

- Health systems can modify the negative effects of socioeconomic inequalities, reduce the burden of disease on the poor, contribute to poverty reduction; but it can also play a role in increasing inequalities and exclusion;
- Reducing/eliminating inequity in health and health care is a major objective of many health systems in the Region and key to achieve Universal Health Coverage.

Inequities in LAC



Source: ECLAC on the basis of UNICEF, United Nations Children's Fund . On-line database: Monitoring the Situation of Children and Women. www.childinfo.org. Information download: August, 2008.

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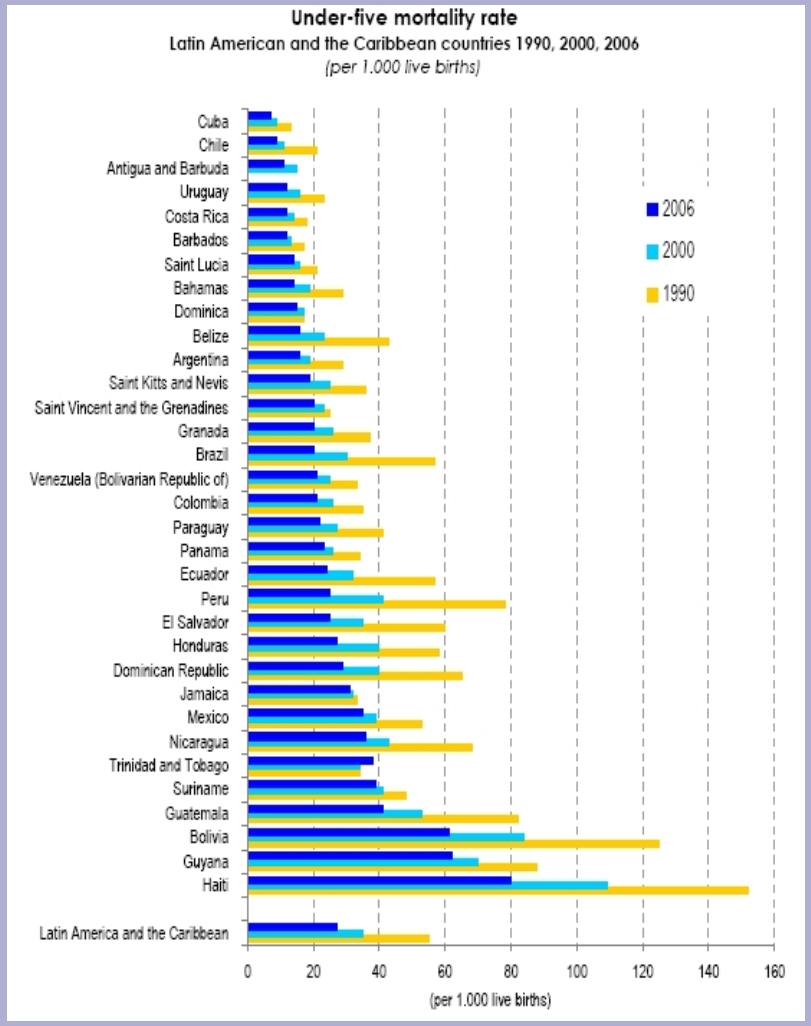
Inequities in LAC



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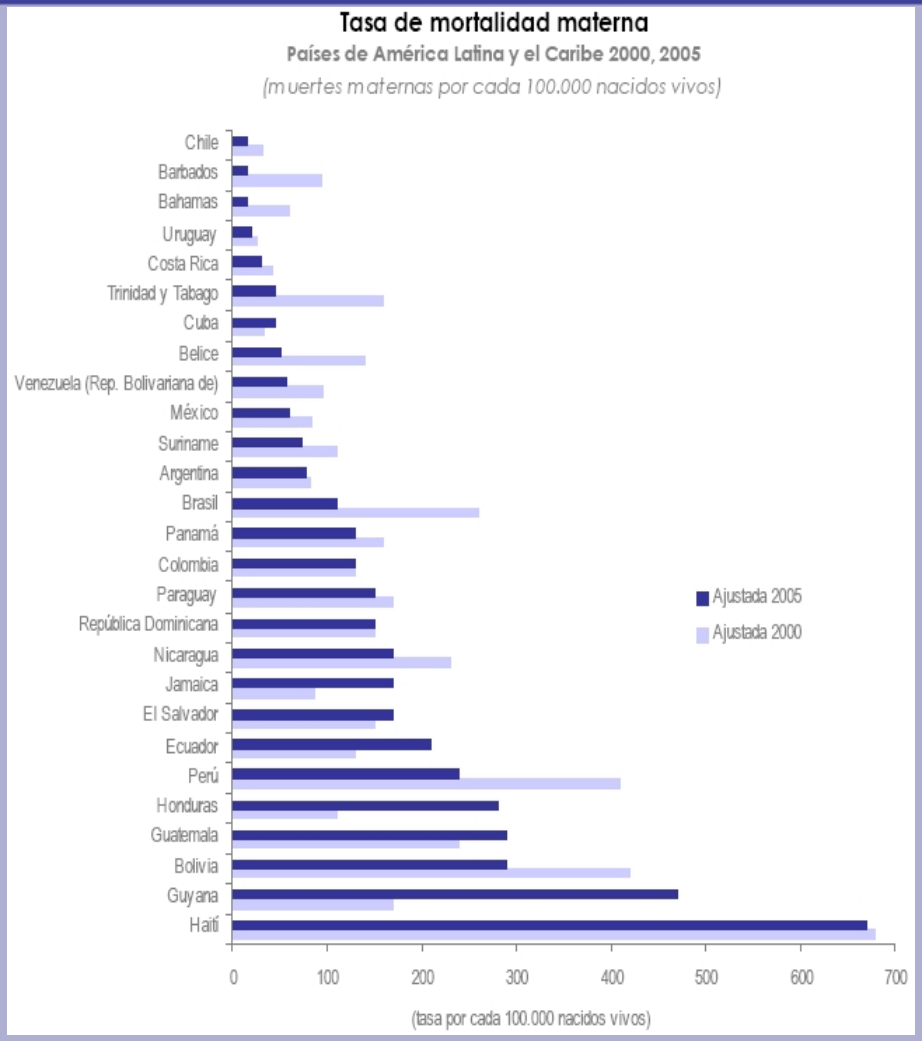
Inequities in LAC



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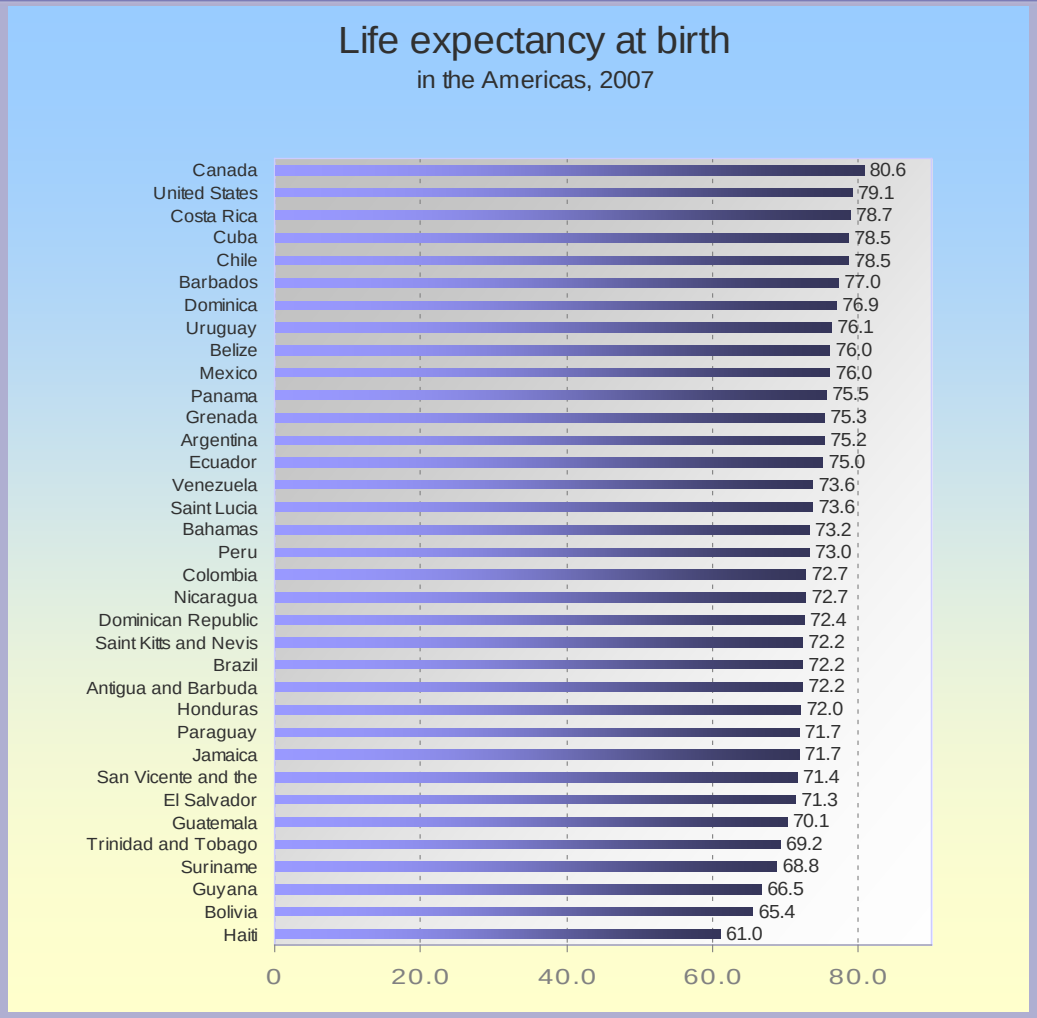
Inequities in LAC



Source: Almeida, G. based on data available on line from the United Nations Development Program, HDI trends and indicators (1980-2007).

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Inequity in LAC

Brazil, 2008

- Population: 192,000,000
- Poor: 48,000,000
- Indigents: 17,000,000

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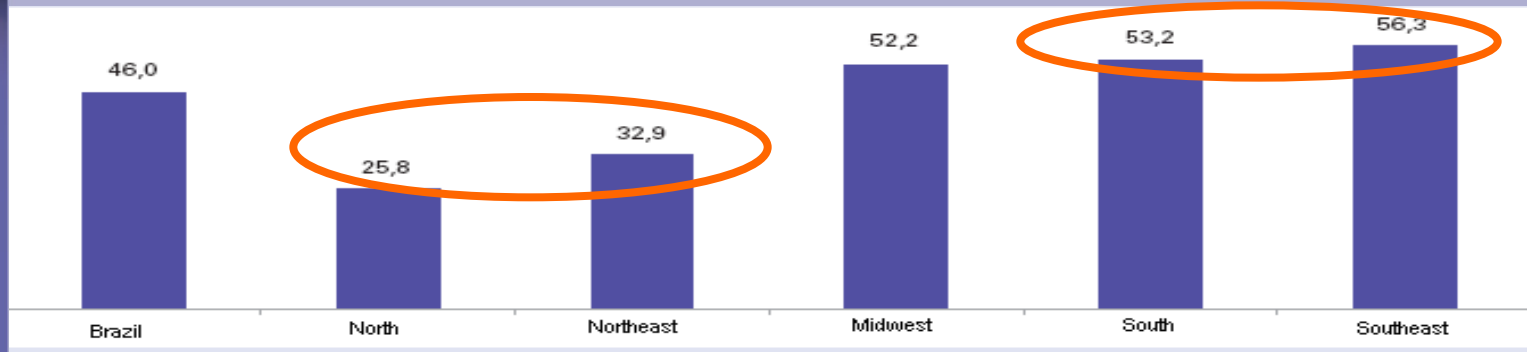
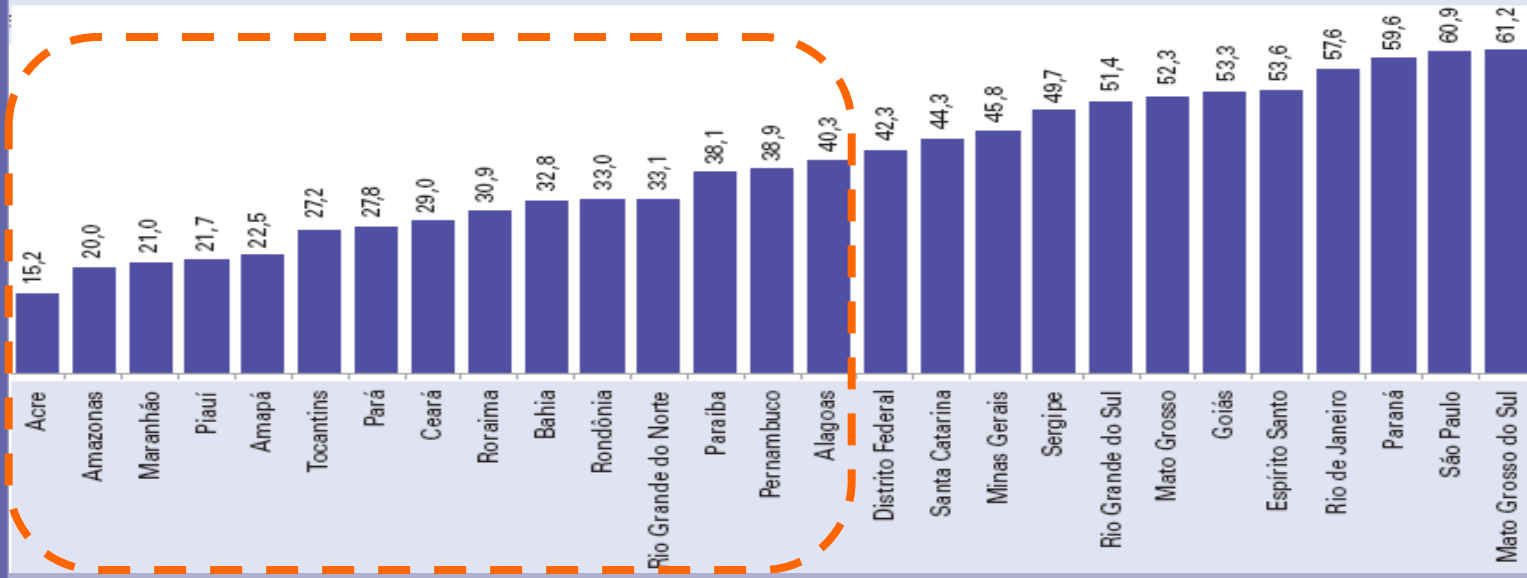
Inequity in LAC

Percentage of mothers with the recommended six or more prenatal visits, by region and state. Brazil.





Source: IBGE. (2002) Social Indicators. Brazil.

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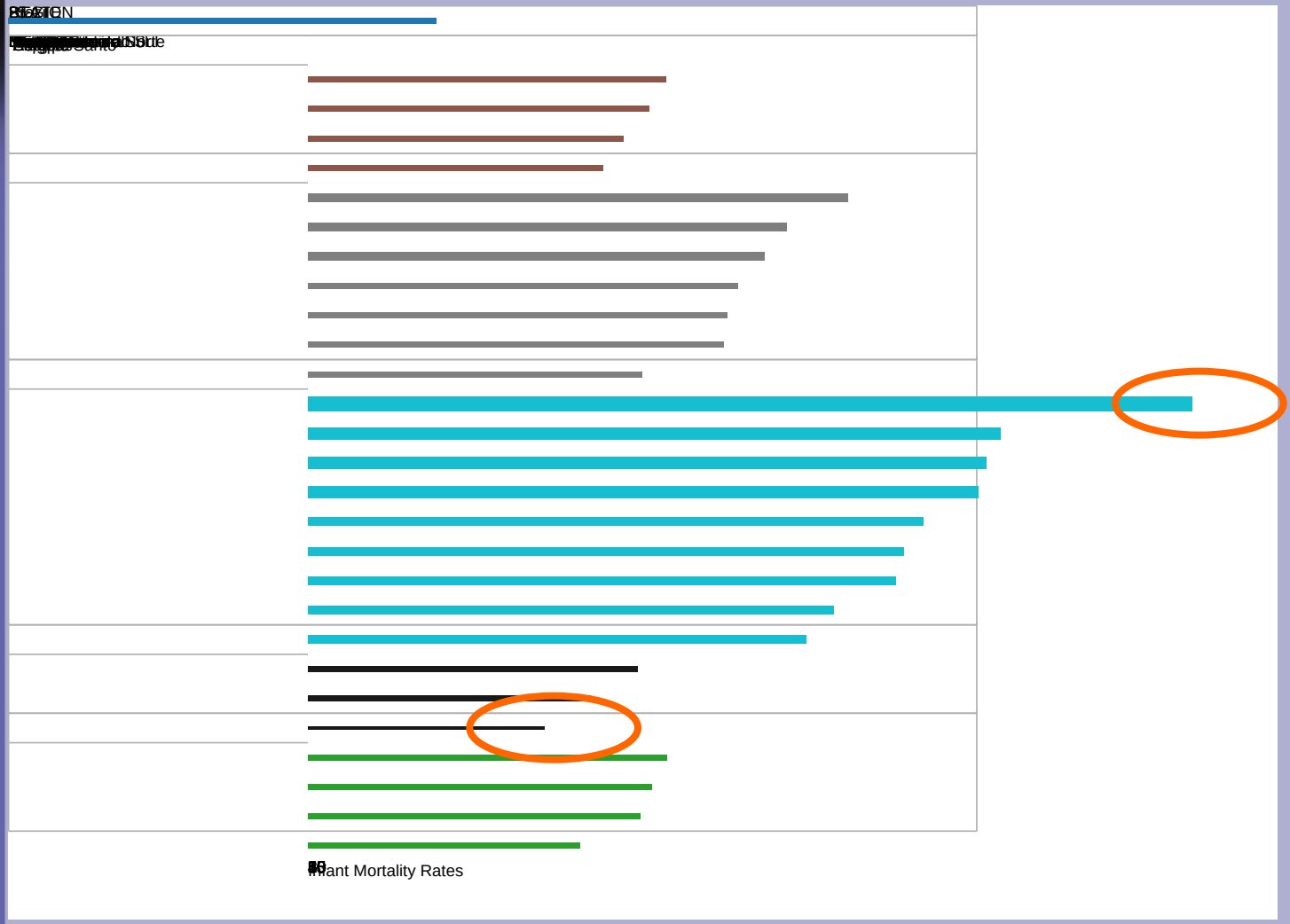
Inequity in LAC

Infant Mortality
(per 1,000 live births, by state). Brazil, 2006



Source: Almeida, G based on data available online from IBGE, Social Indicators 2007, Brazil.

How to target inequity in health systems?

Measure, monitor, and understand socioeconomic inequalities in health!

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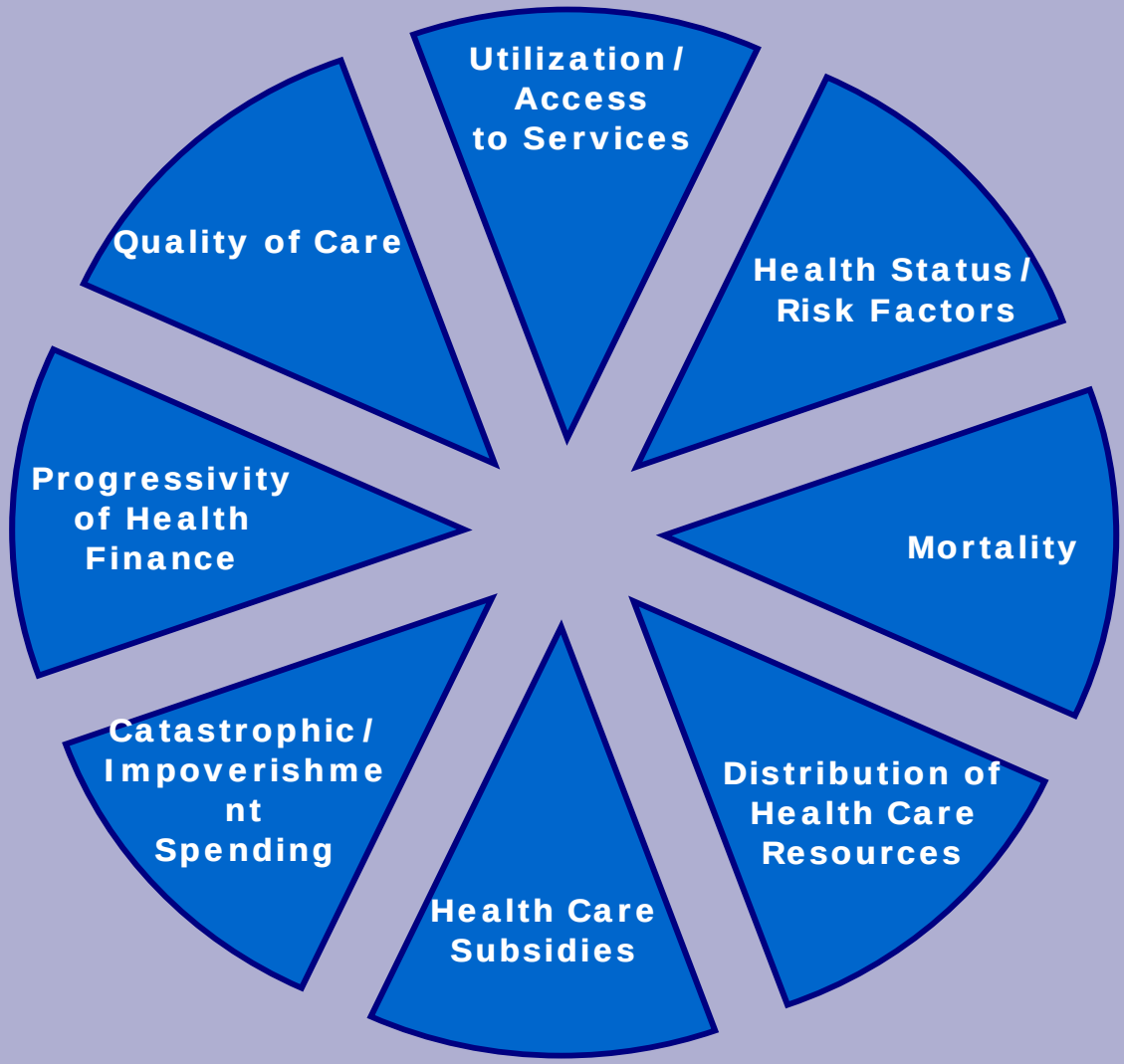

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Participating Countries

1. Brazil
2. Canada
3. Chile
4. Colombia
5. Jamaica
6. Peru
7. Mexico
8. Guatemala
9. Costa Rica

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Partners/Contributors

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consorcio de investigación económica y social

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McMaster University
Inspiring Innovation and Discovery

GOBIERNO DE CHILE
MINISTERIO DE SALUD

Universidad de Concepción
Chile

USP

Universidad del Desarrollo
Universidad de Excelencia

SALUD
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THE WORLD BANK
Working for a World Free of Poverty

McGill

IMSS

UWI

Pontificia Universidad JAVERIANA
Bogotá

GRADE

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Methods

Methods based on:

- O'Donnell O, van Doorslaer E, Wagstaff A, and Lindelow M. Analyzing Health Equity Using Household Survey Data
- Wagstaff A, Bilger M, Sajaia Z, Lokshin M. (2011) *Health equity and financial protection.*

Data analysis using Stata and ADePT software

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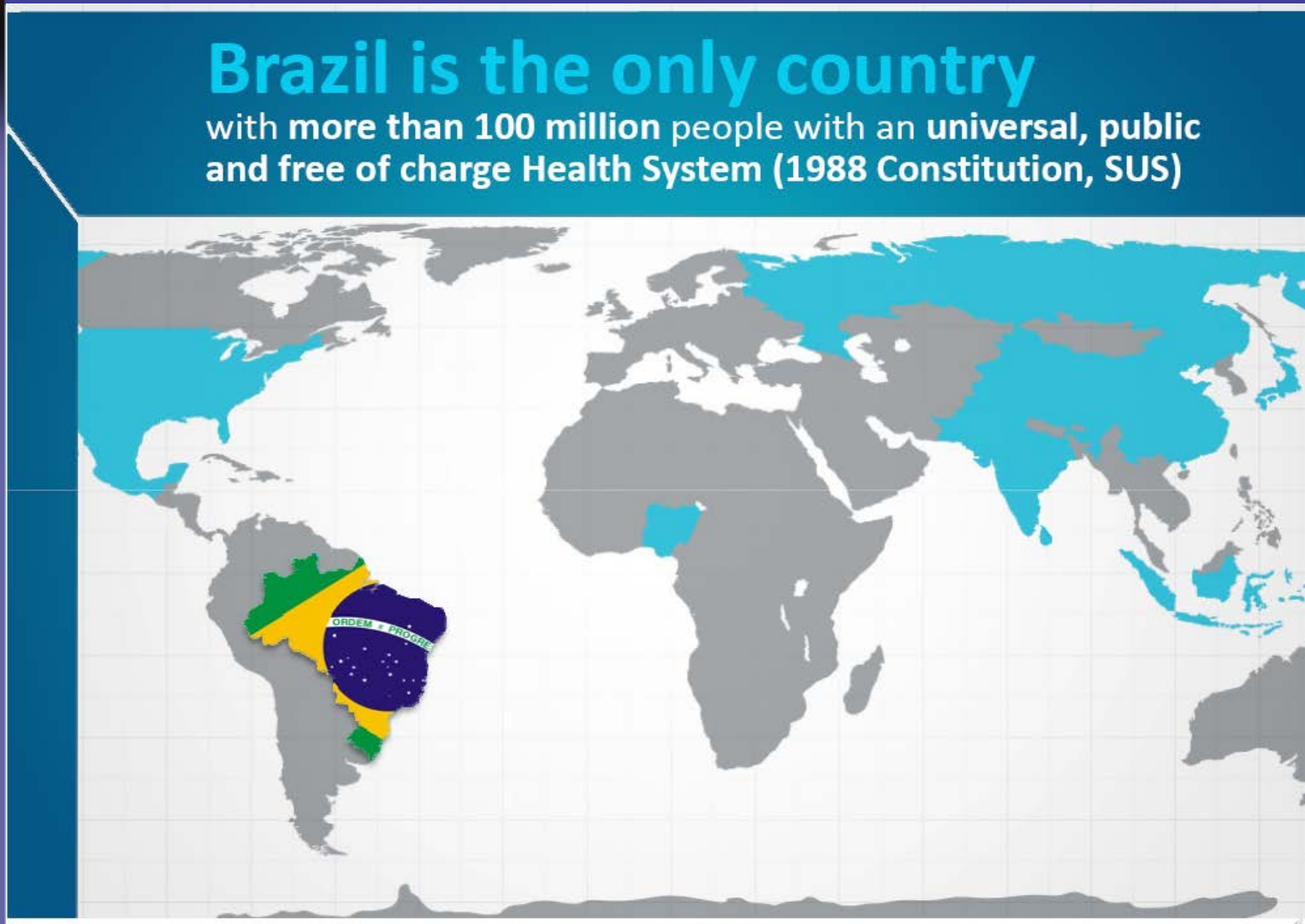
Health Equity Analysis – Brazil

Databases representative at national level

National Household Sample Surveys (1998, 2003 and 2008) and Household Budget Surveys (2002-2003 and 2008-2009) from the Brazilian Institute for Geography and Statistics (IBGE)

Unified Health System - SUS



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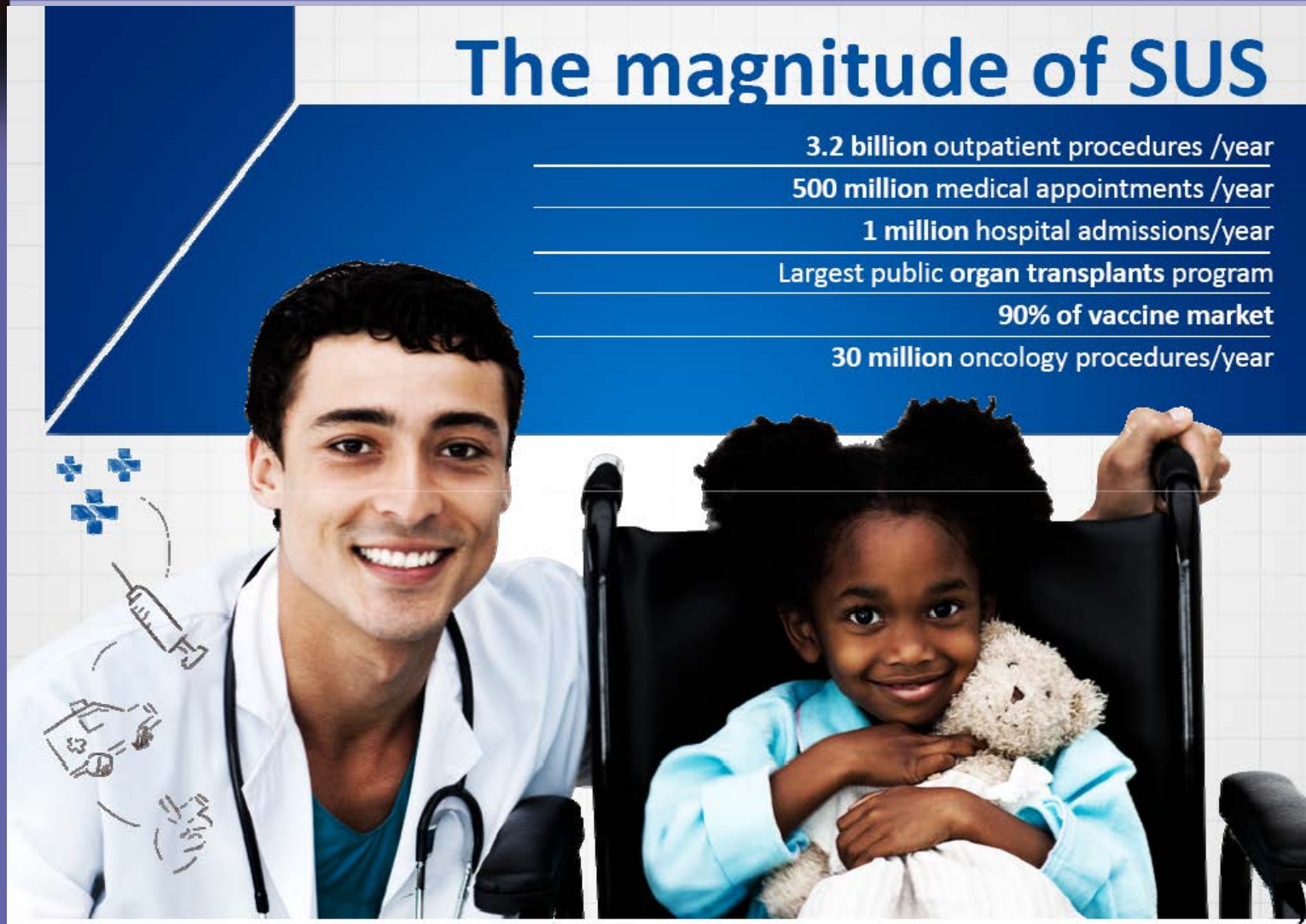
SUS Ministério da Saúde GOVERNO FEDERAL BRASIL PAÍS RICO É PAÍS SEM POBREZA

Unified Health System - SUS



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Unified Health System - SUS

Health system combining public and private health care in consolidation since 1990's

- Public health services, which provides care for most, is still insufficient in size and quality
- Private health services complements public health services

Equity in health is a major concern in Brazil

- Implementation of programs targeting low income population, based on an inclusive public health system

Brazilian Health System

Population characteristics. Brazil, 1995-2010.

Sociodemographic indicators	1995	2000	2005	2010
Total population	161,848,162	174,425,387	185,986,964	194,946,470
Population ages 0-14 (% of total)	32.40%	29.52%	27.51%	25.45%
Population ages 65 and above (% of total)	5.02%	5.55%	6.27%	7.00%
Population ages 80 and above (% of total)	0.90%	1.05%	1.22%	1.51%
Population growth (avg annual growth rate)	1.53%	1.44%	1.14%	0.88%
Population density (indiv per km²)	19.01	20.48	21.84	22.89
Fertility rate, total (births per woman)	2.50	2.36	2.07	1.83
Age dependency ratio (pop 0-14y & 65+y : pop 15-64y)	59.78%	54.02%	51.01%	48.05%
Rural population (% of total)	22.20%	18.80%	15.80%	13.50%

Source: Based on data from World Bank (2012).

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Brazilian Health System

Financing characteristics. Brazil, 1995-2010.

National health expenditure indicators	1995	2000	2005	2010
Total health expenditures per capita, US$	316.36	265.19	387.27	990.39
Total health expenditures per capita, PPP	411.81	493.85	694.87	1,028.29
Total health expenditure (% of GDP)	6.65%	7.16%	8.17%	9.01%
Public expenditure on health (% of total health exp)	43.01%	40.30%	40.14%	47.02%
Private expenditure on health (% of total health exp)	56.99%	59.70%	59.86%	52.98%
Government health spending (% of GDP)	2.86%	2.89%	3.28%	4.24%
Government health spending per capita, US$	136.08	106.88	155.45	465.67
Government health spending per capita, PPP	177.14	199.04	278.93	483.49
OOP payments (% of private expenditure on health)	67.98%	63.58%	62.77%	57.76%

Source: Based on data from World Bank (2012).

Inequalities in Health Outcomes

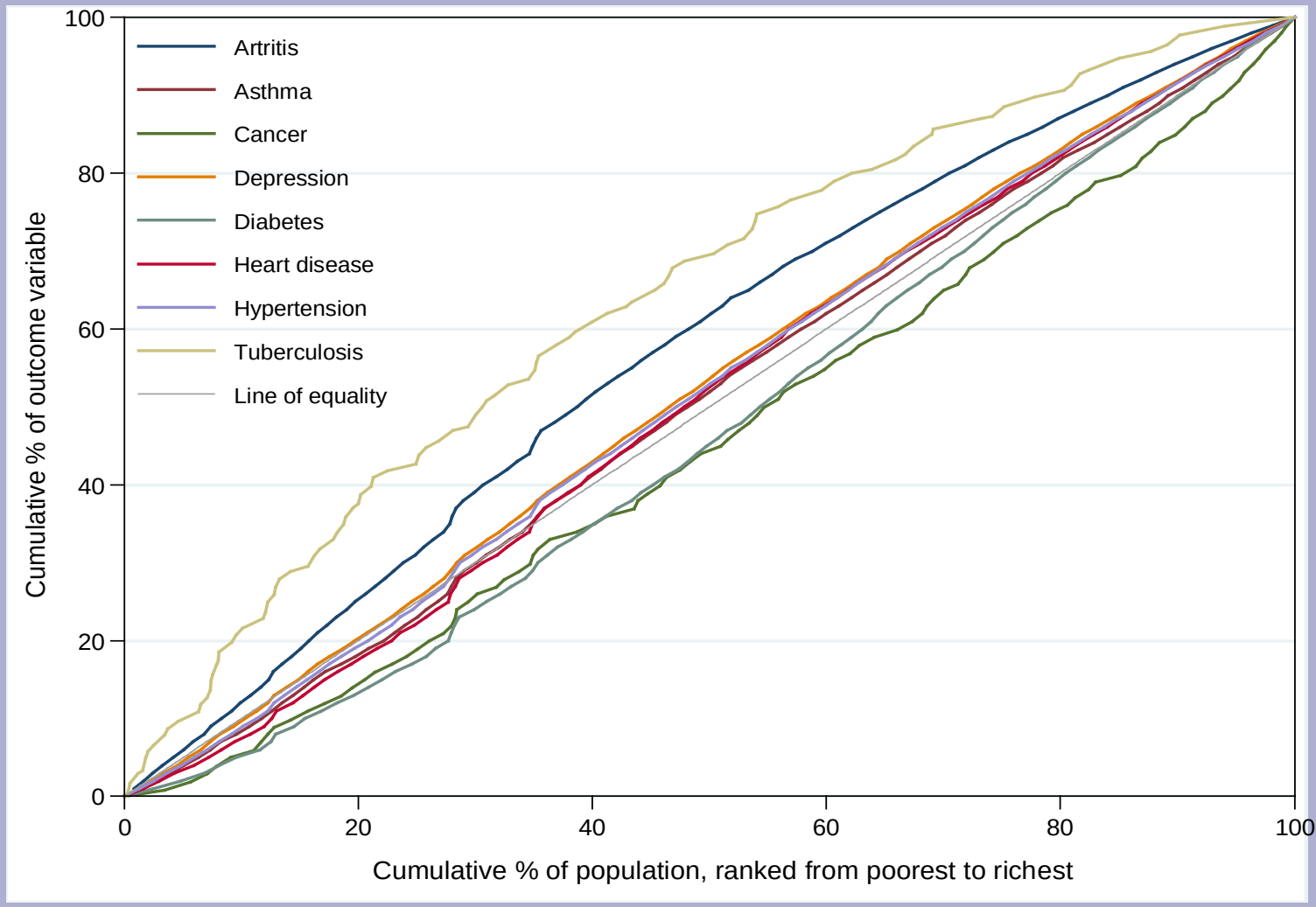
During the period 1998-2008

- Widespread increase in chronic diseases prevalence (especially diabetes and cancer) (pro-rich)
- Reduction in the concentration of diseases in the lowest income quintiles (pro-poor)
- Substantial differences remain between the rich and the poor in relation to self-assessed health status, physical limitations and tuberculosis (pro-poor)

Inequalities in Risk Behavior

- Variable introduced in 2008: smoking
- Higher concentration of risky behavior among poorest quintiles and women

Inequalities in health outcomes - prevalence of chronic conditions. Brazil, 1998.



Source: Based on data from IBGE (1999).

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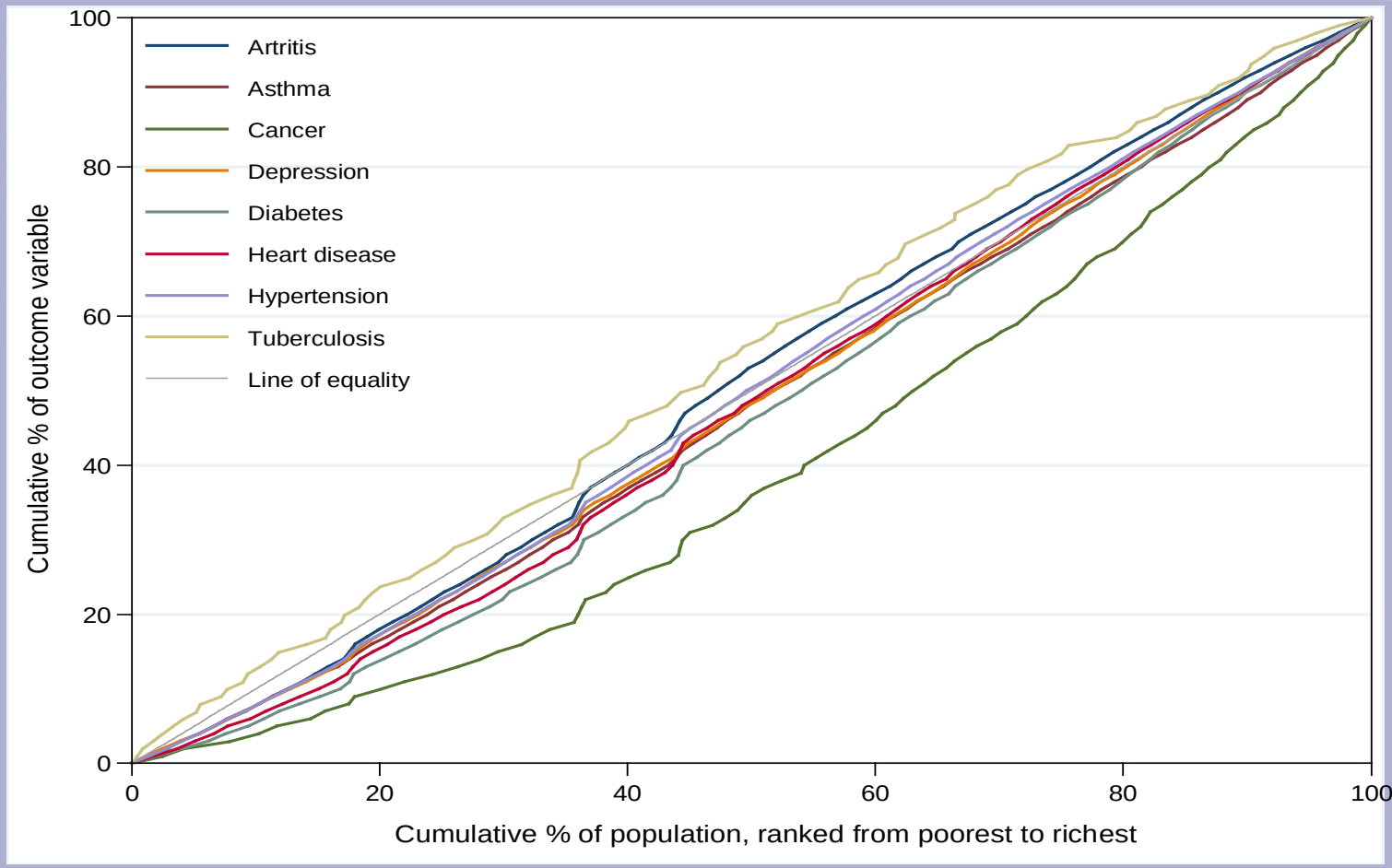
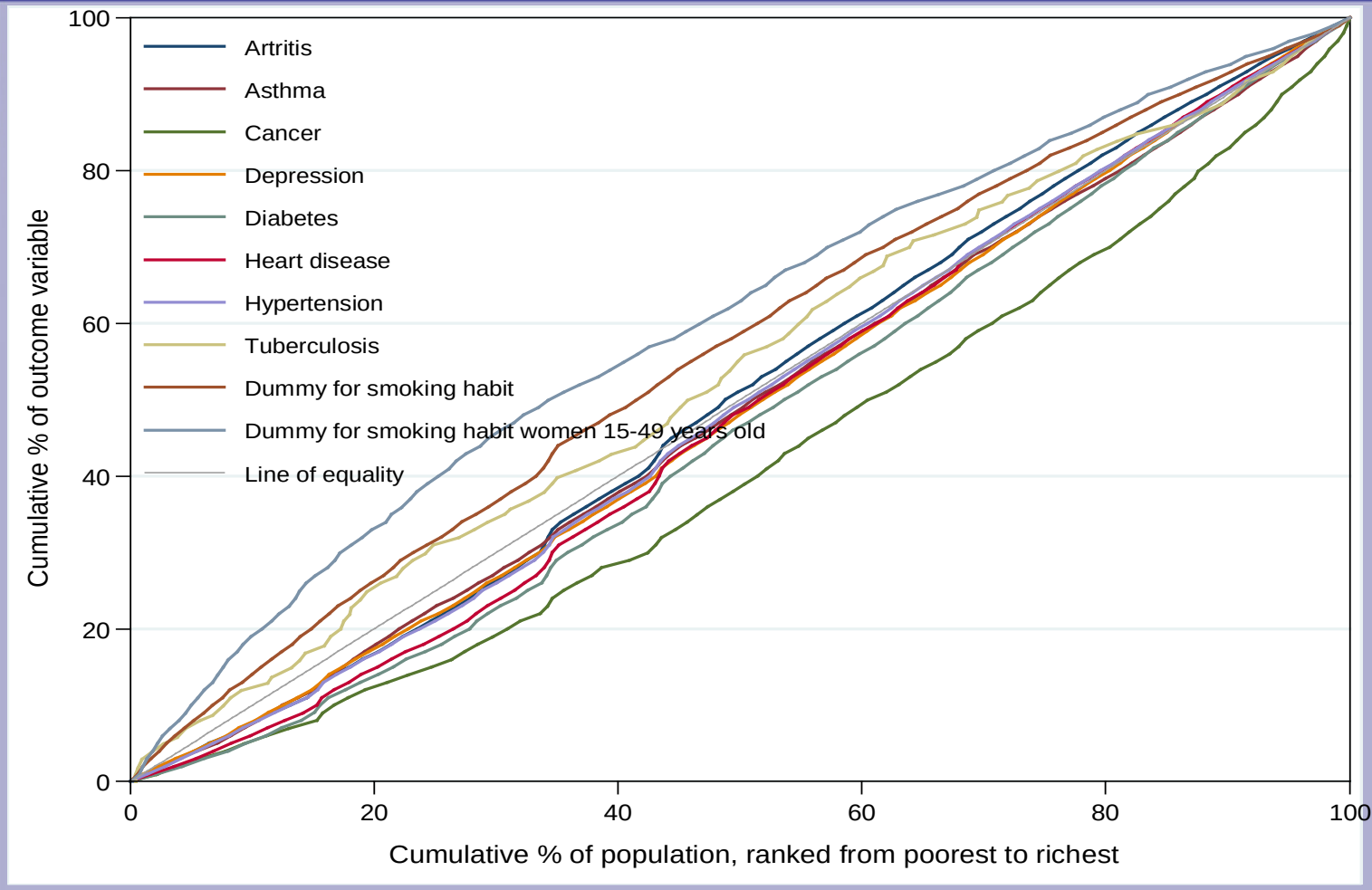
Inequalities in health outcomes - prevalence of chronic conditions. Brazil, 2003.



Source: Based on data from IBGE (2004b).

Inequalities in health outcomes - prevalence of chronic conditions and risk behavior. Brazil, 2008.



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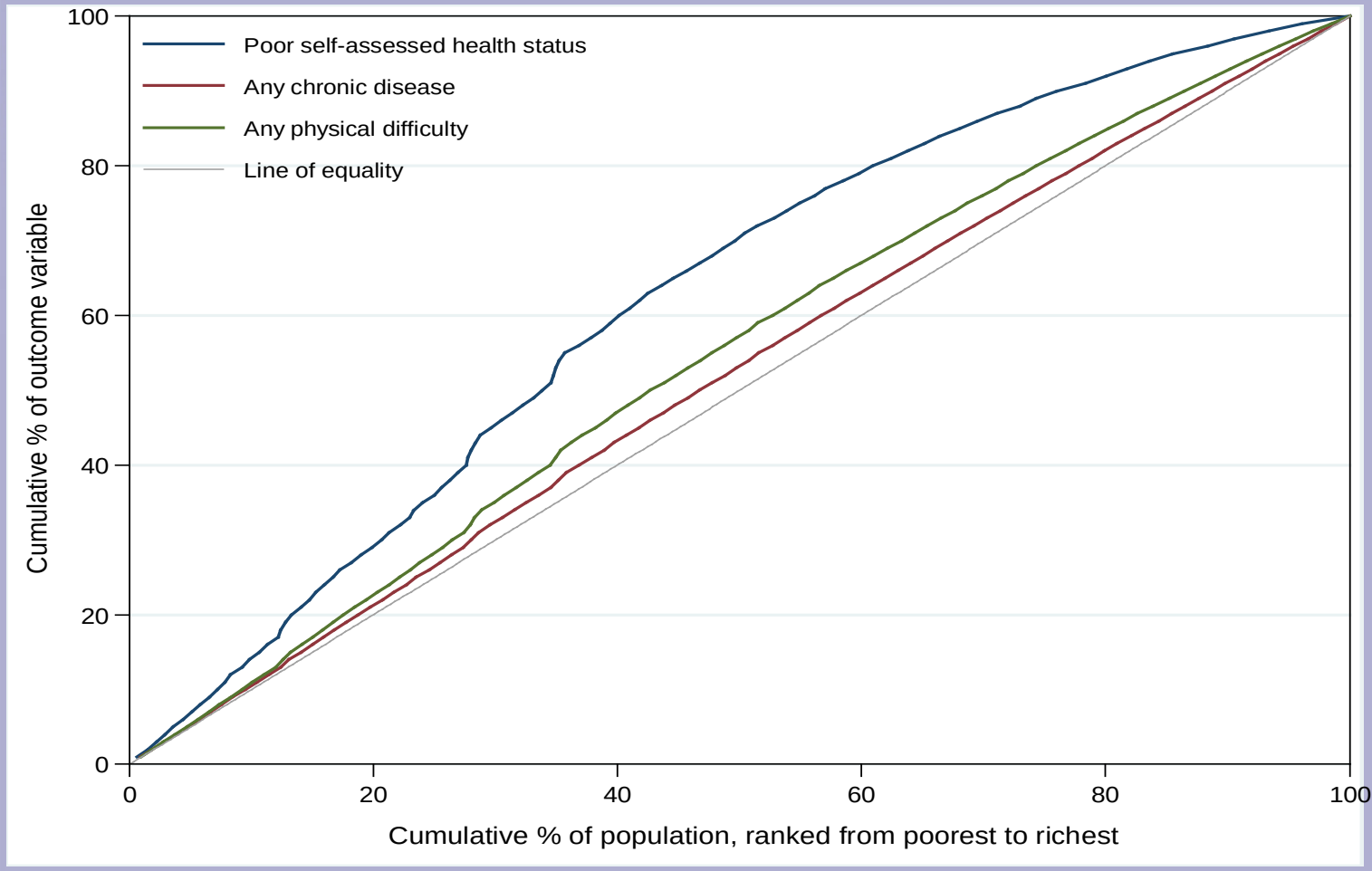

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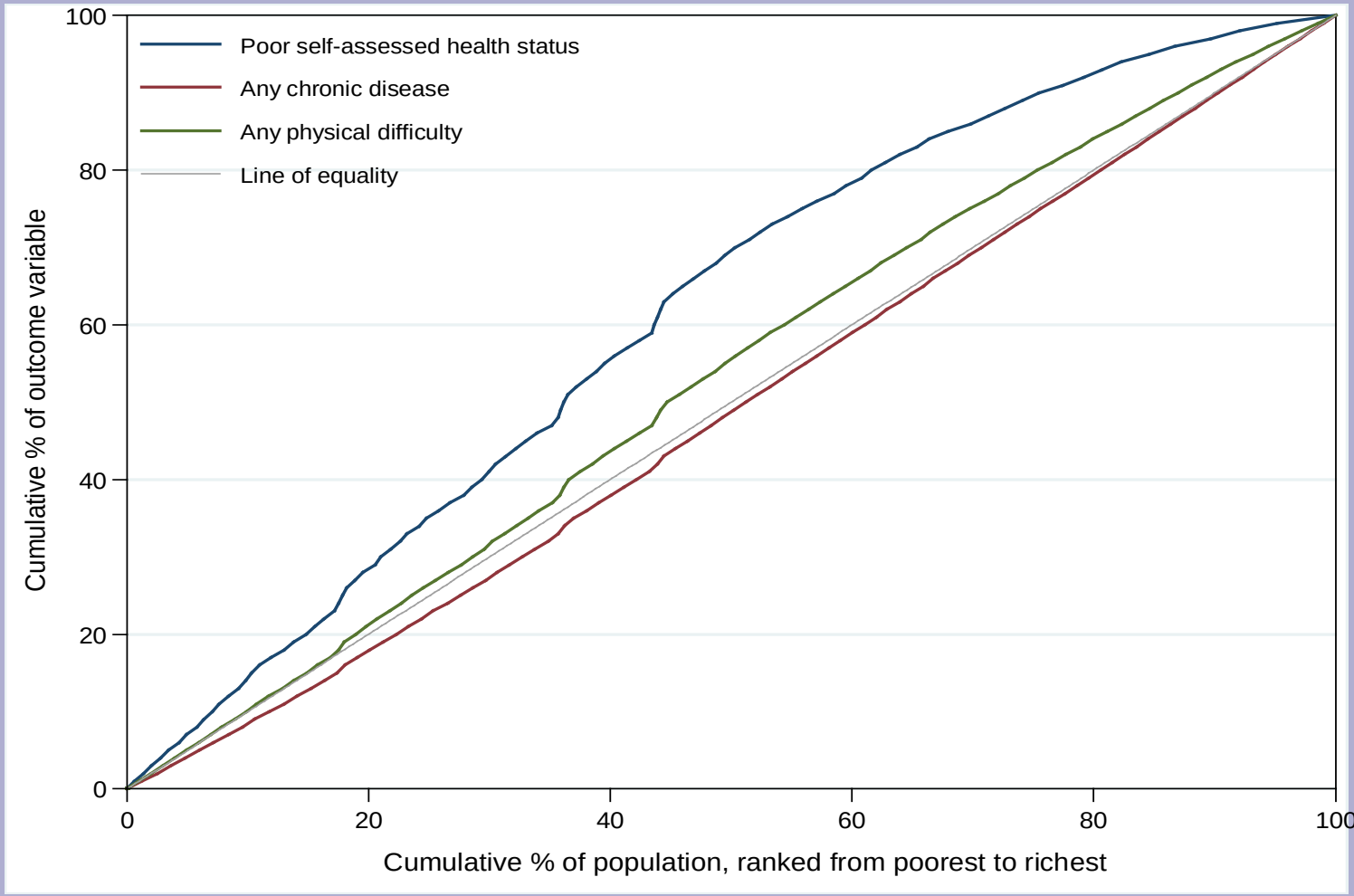

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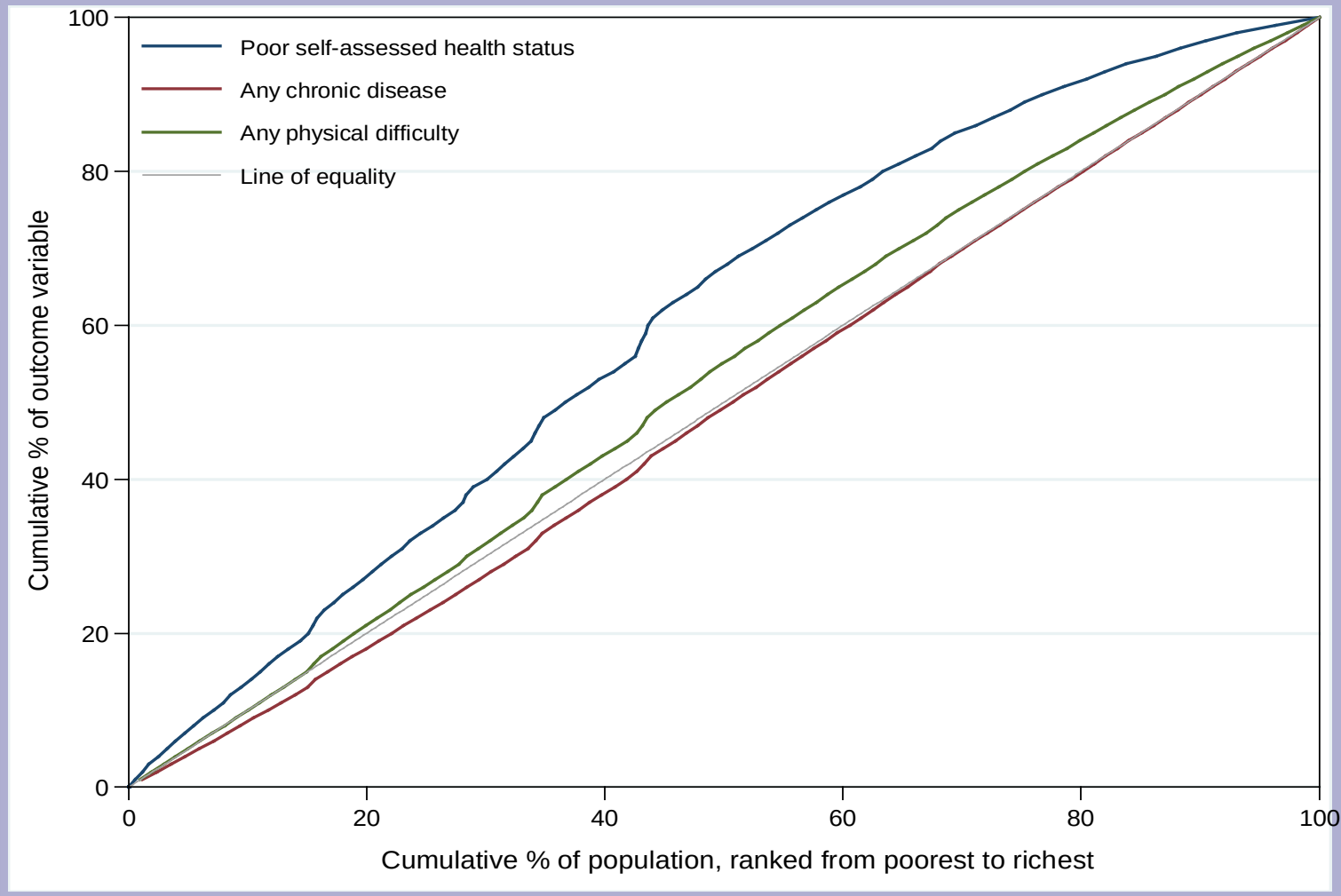

Source: Based on data from IBGE (2009).

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Inequalities in Health Care Utilization

During the period 1998-2008

- Reduction in pro-rich concentration indexes of outpatient care and dentist visits (pro-rich)
- Reduction in pro-poor concentration indexes of inpatient care (pro-poor)
- Differences in utilization of public (pro-poor) and private health services (pro-rich)

In relation to preventive care (2003-2008):

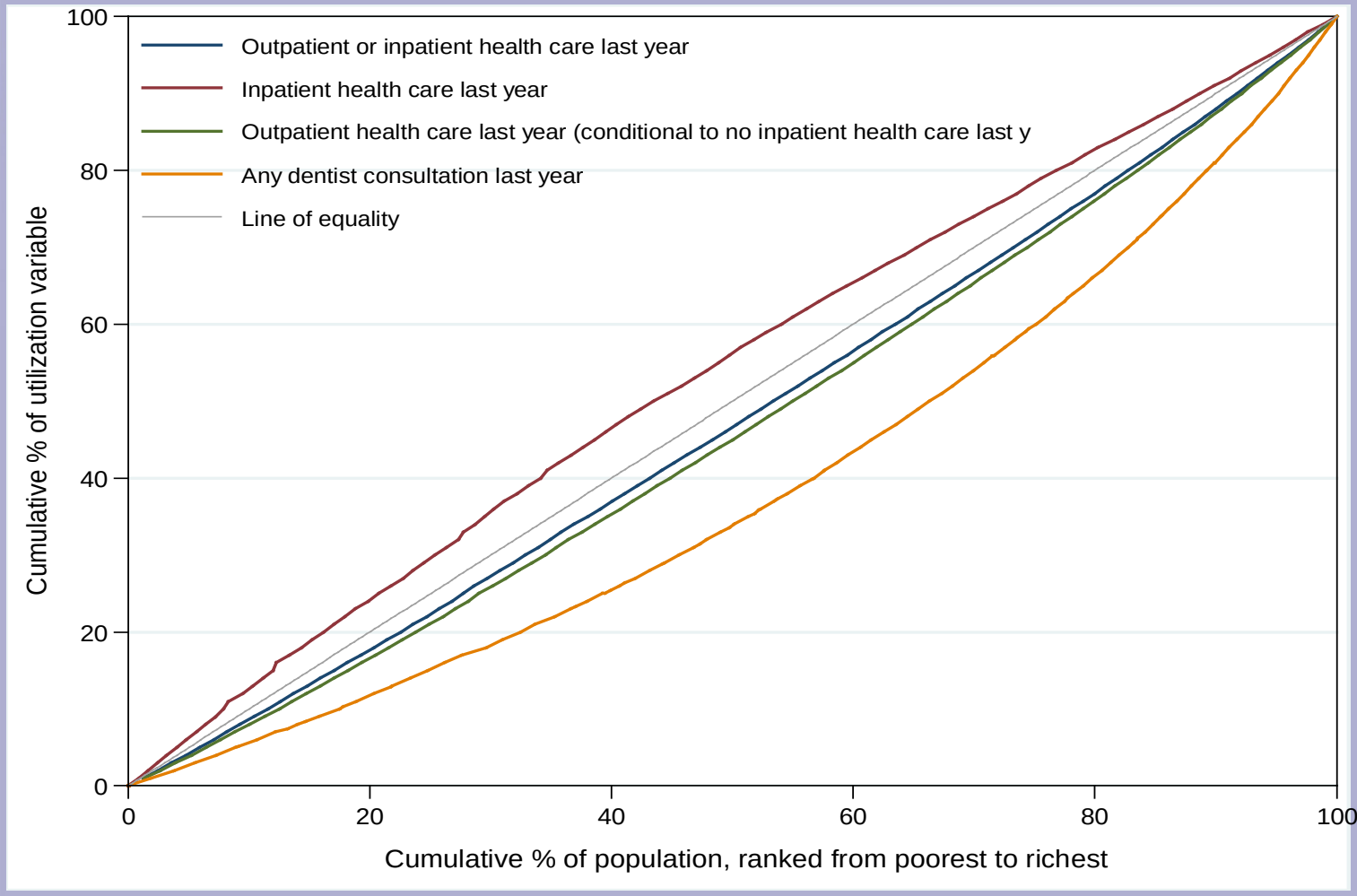
- Reduction in concentration indexes for Cervical and breast cancer screening (pro-rich)

Health Insurance Coverage

During the period 1998-2008:

- Concentration indexes for private health insurance have declined (pro-rich)
- No substantial changes in the proportion of individuals with private health insurance

Horizontal Inequity in health care utilization. Brazil, 1998.



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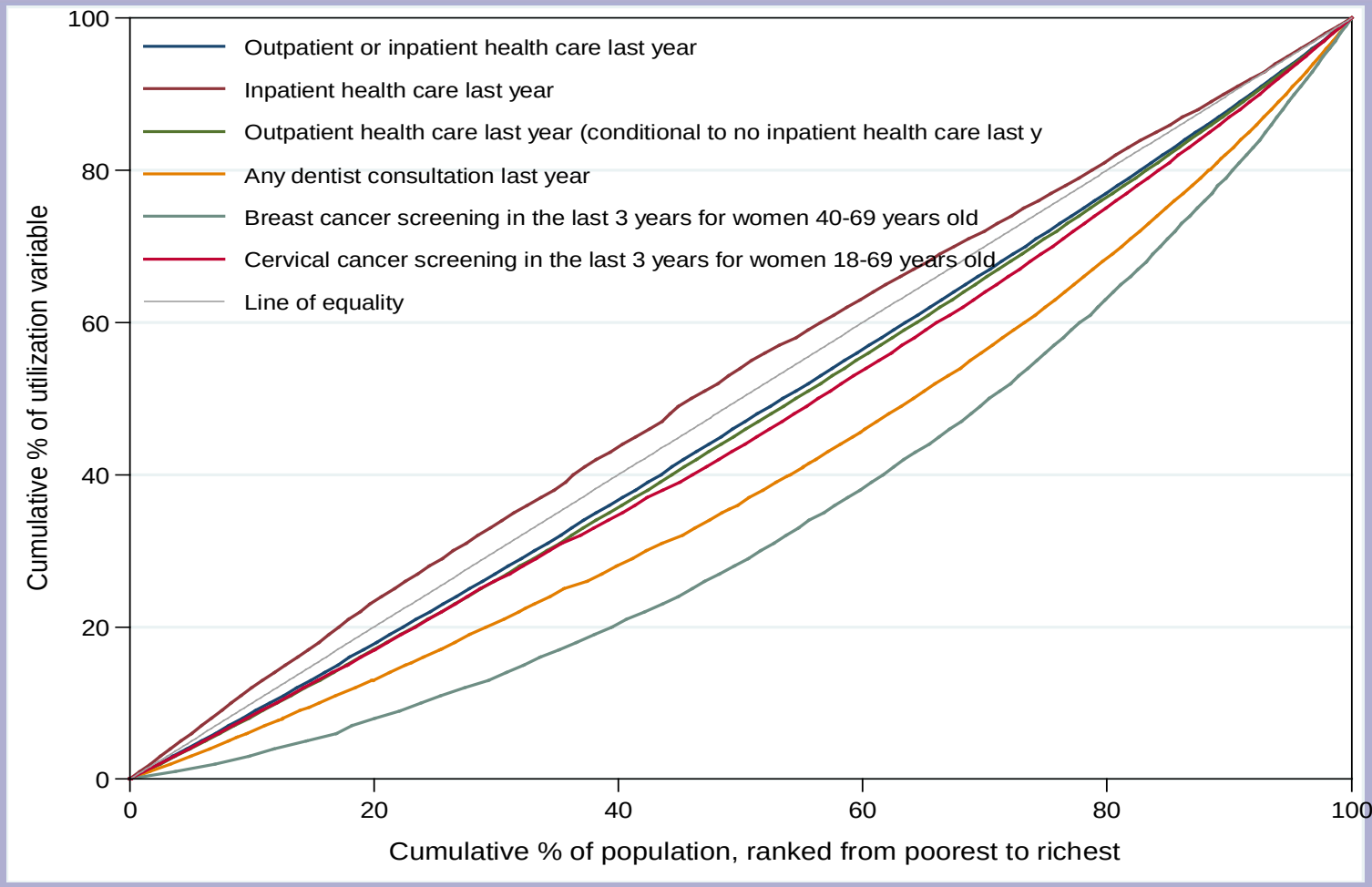

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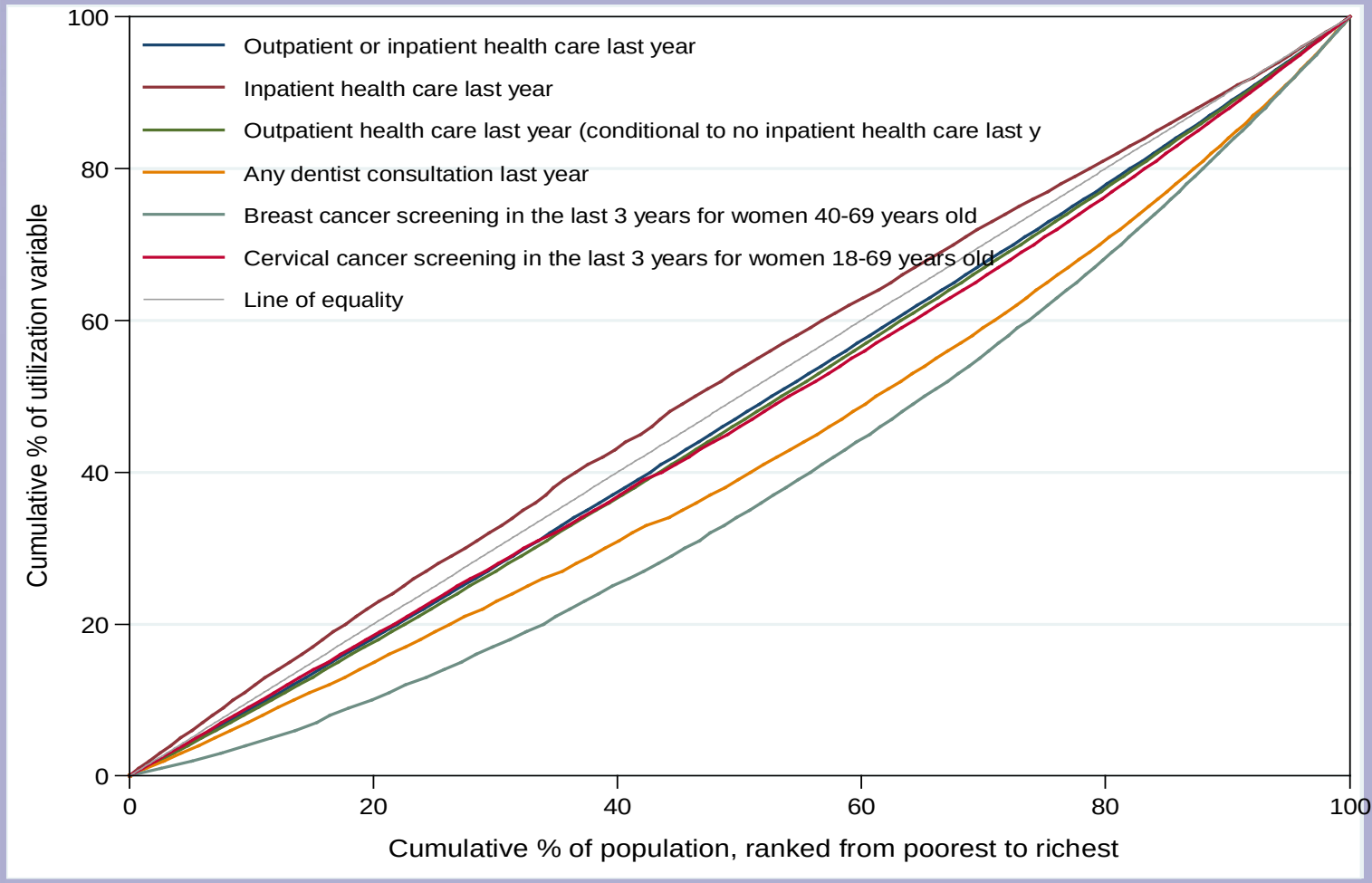

Source: Based on data from IBGE (2009).

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Benefit Incidence Analysis

During the period 1998-2008

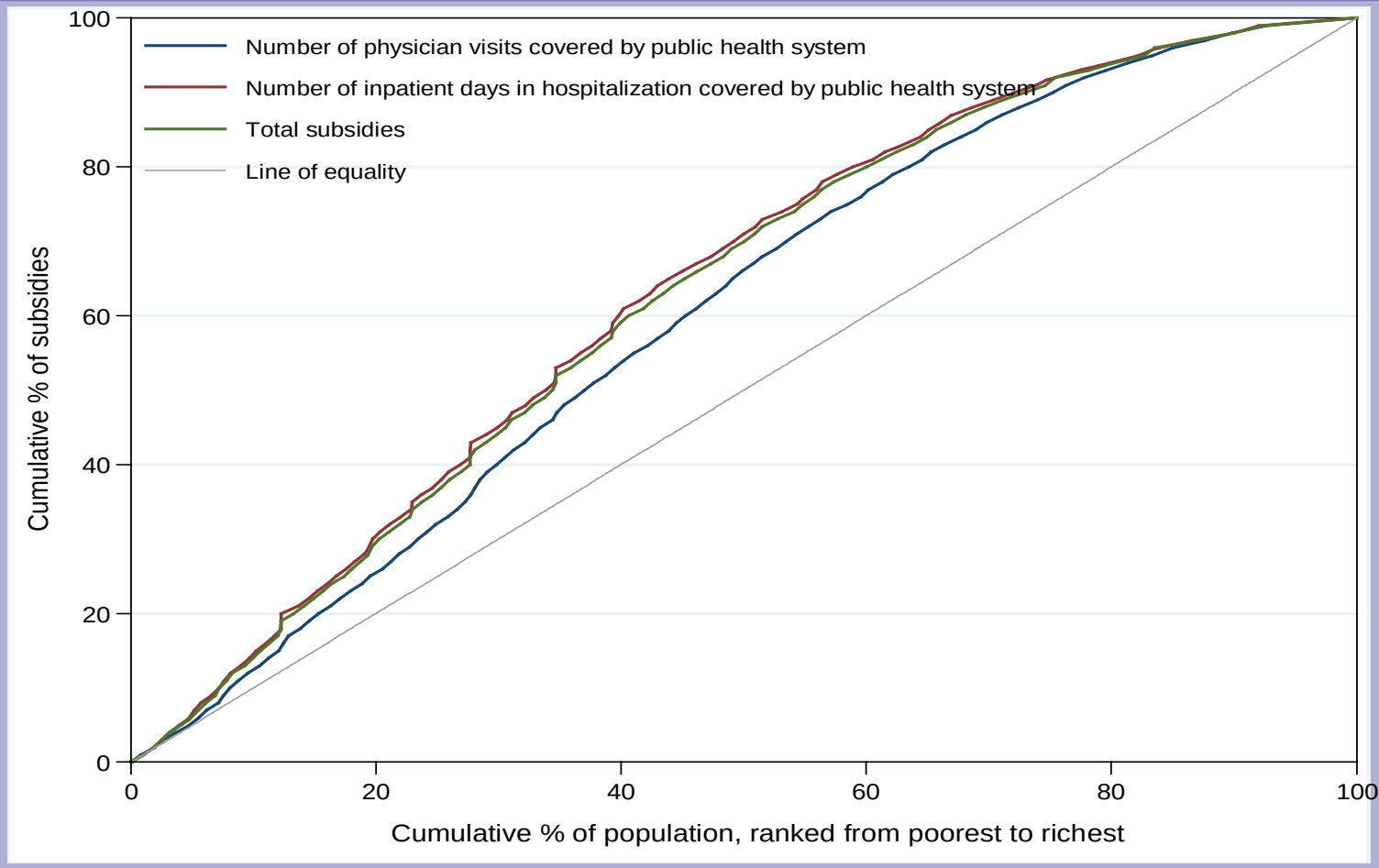
- Reduction in concentration indexes of outpatient and inpatient care in public facilities

Proportion of subsidies

- Higher for inpatient in comparison to outpatient care
- Reduction in subsidies for lowest income quintiles during the period analyzed

Benefit Incidence Analysis

Inequalities in health care subsidies. Brazil, 1998.



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Benefit Incidence Analysis

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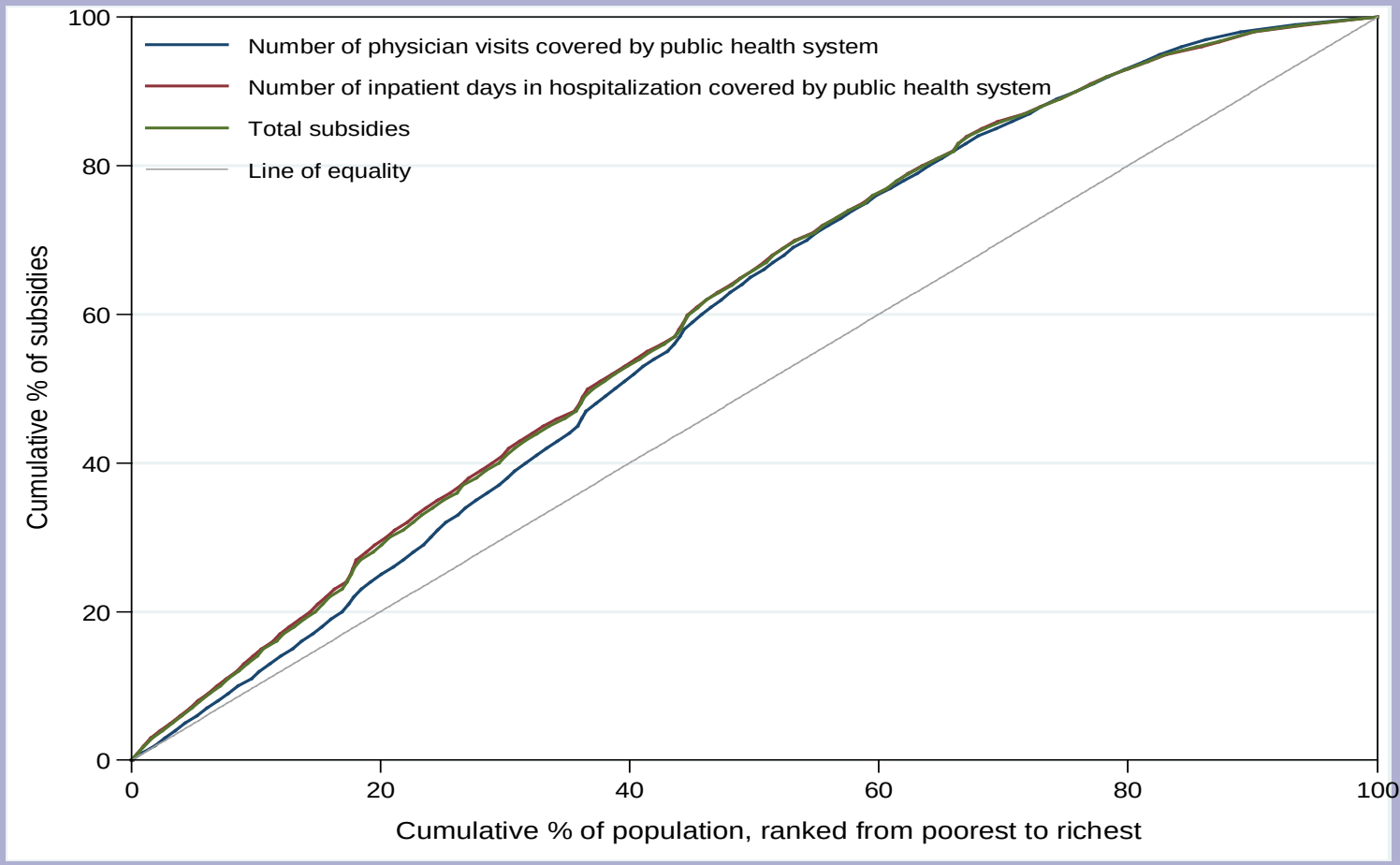

Source: Based on data from IBGE (2004b).

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Benefit Incidence Analysis

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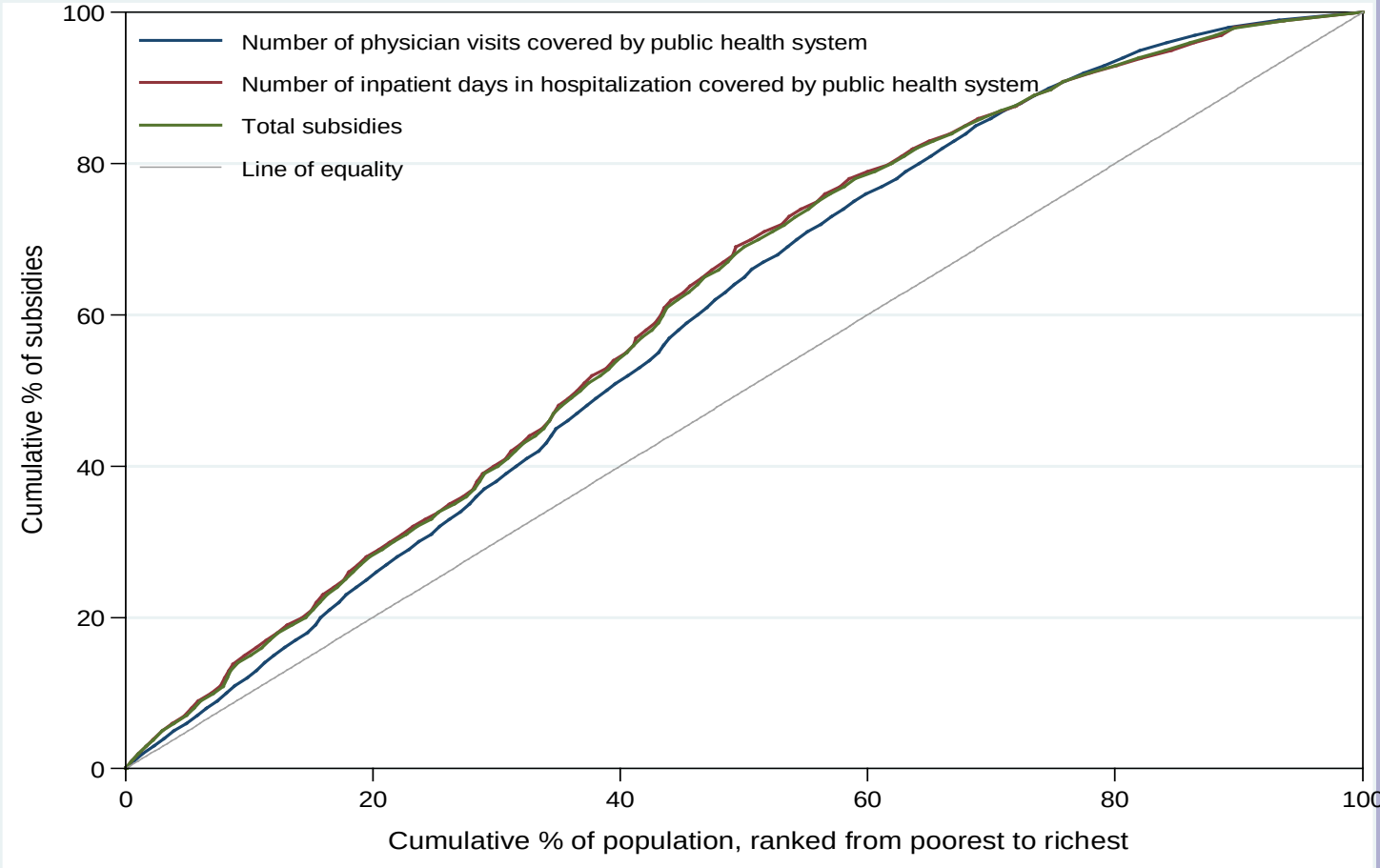


Source: Based on data from IBGE (2009).

Financial Protection

During the period 2003-2008

- Reduction in catastrophic health expenditures
- Reduction in poverty headcounts and normalized poverty gaps

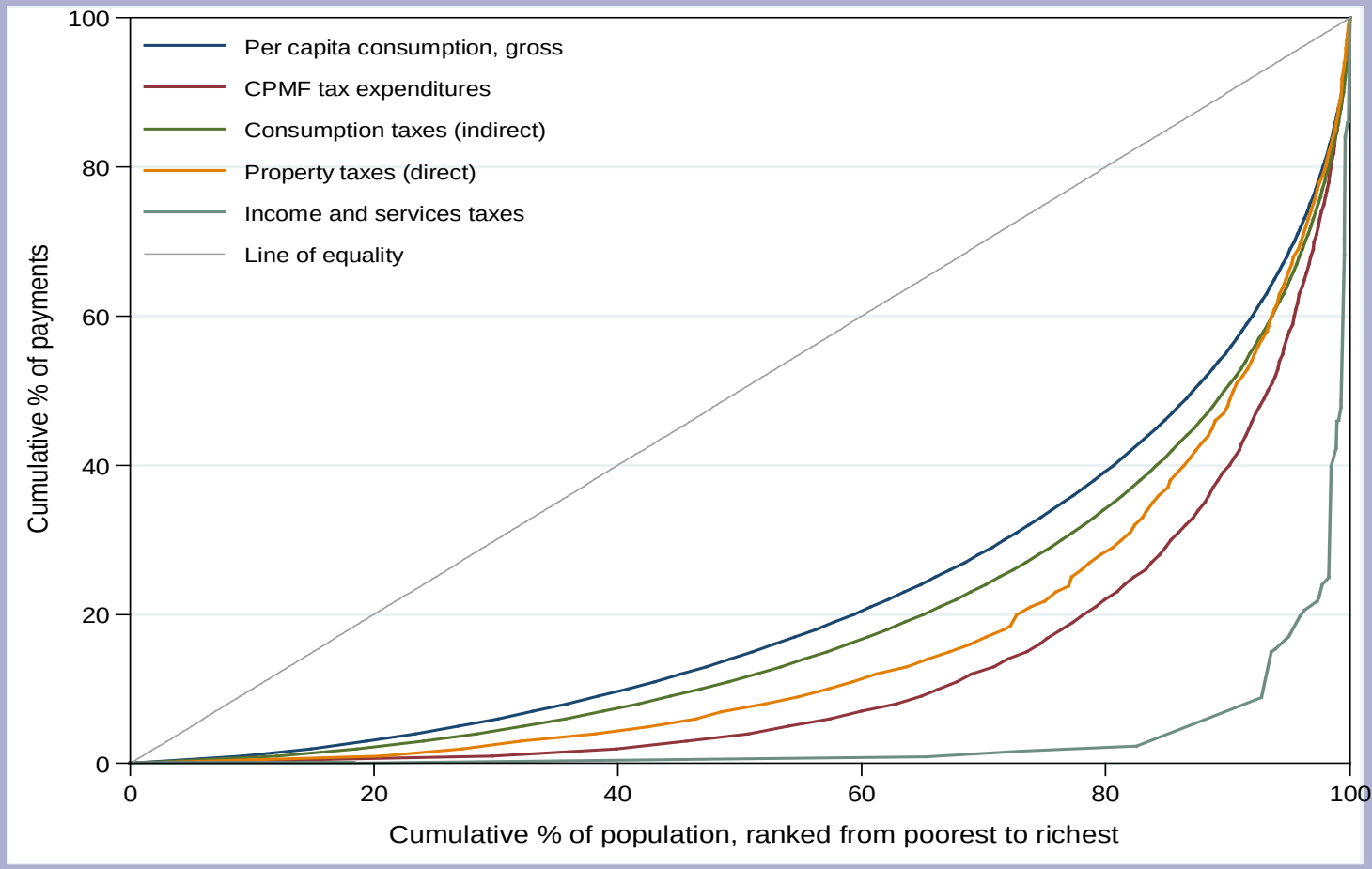
Progressivity in Health Payment

During the period 2003-2008:

- Reduction in progressivity
  - Consumption taxes (indirect)
  - Property taxes (direct)
  - Voluntary health expenditures
- Increase in progressivity
  - Out-of-pocket health spending
- Elimination of contribution based on financial transactions (CPMF), initially created to fund public health services

Progressivity in Health Payment

Health payments - consumption and taxes. Brazil, 2003.



Source: Based on data from IBGE (2004a).

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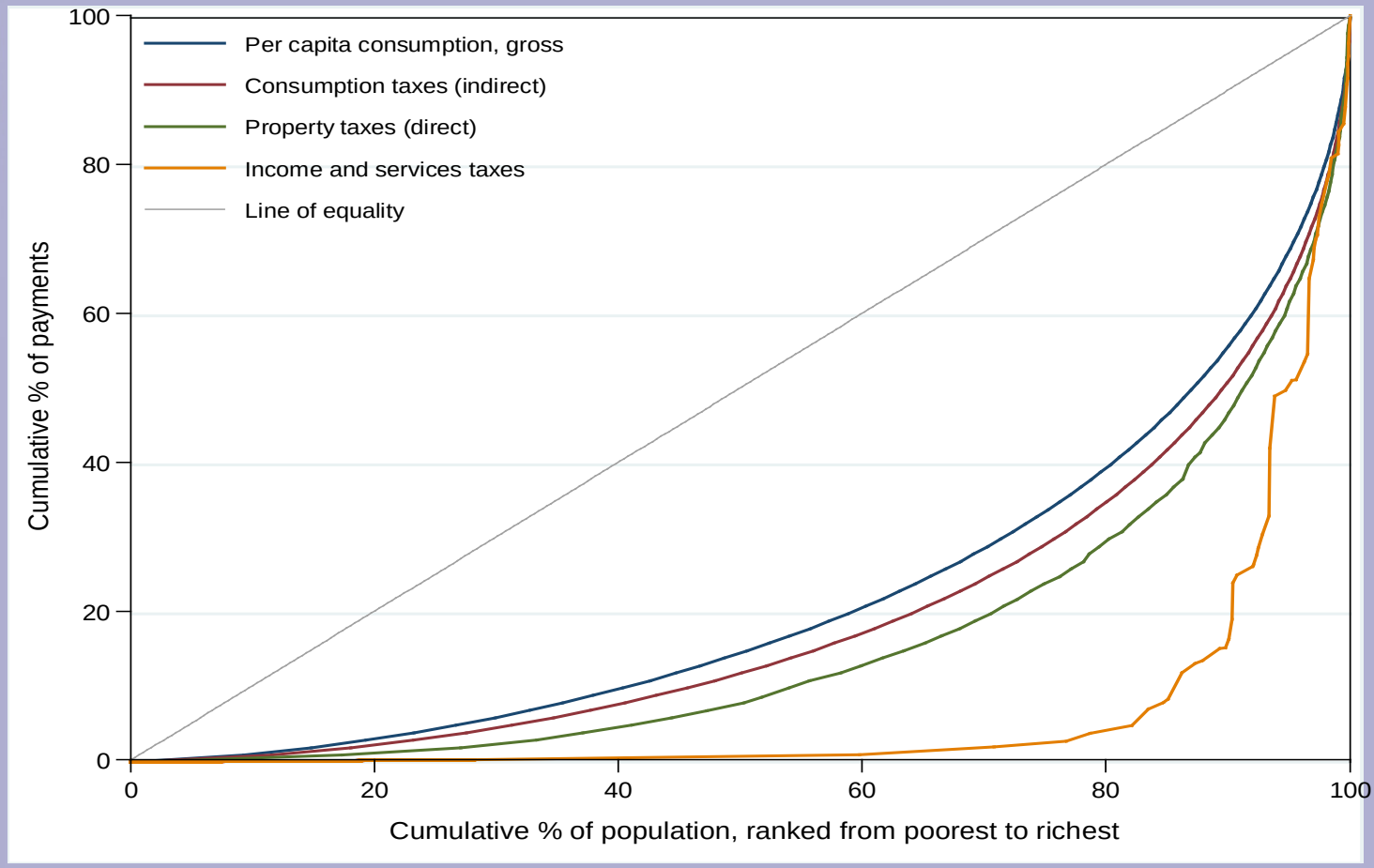
Progressivity in Health Payment

Health payments - consumption and taxes. Brazil, 2008.



Source: Based on data from IBGE (2010).

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Conclusion

There is still significant inequities in health outcomes and health care utilization in Brazil, BUT:

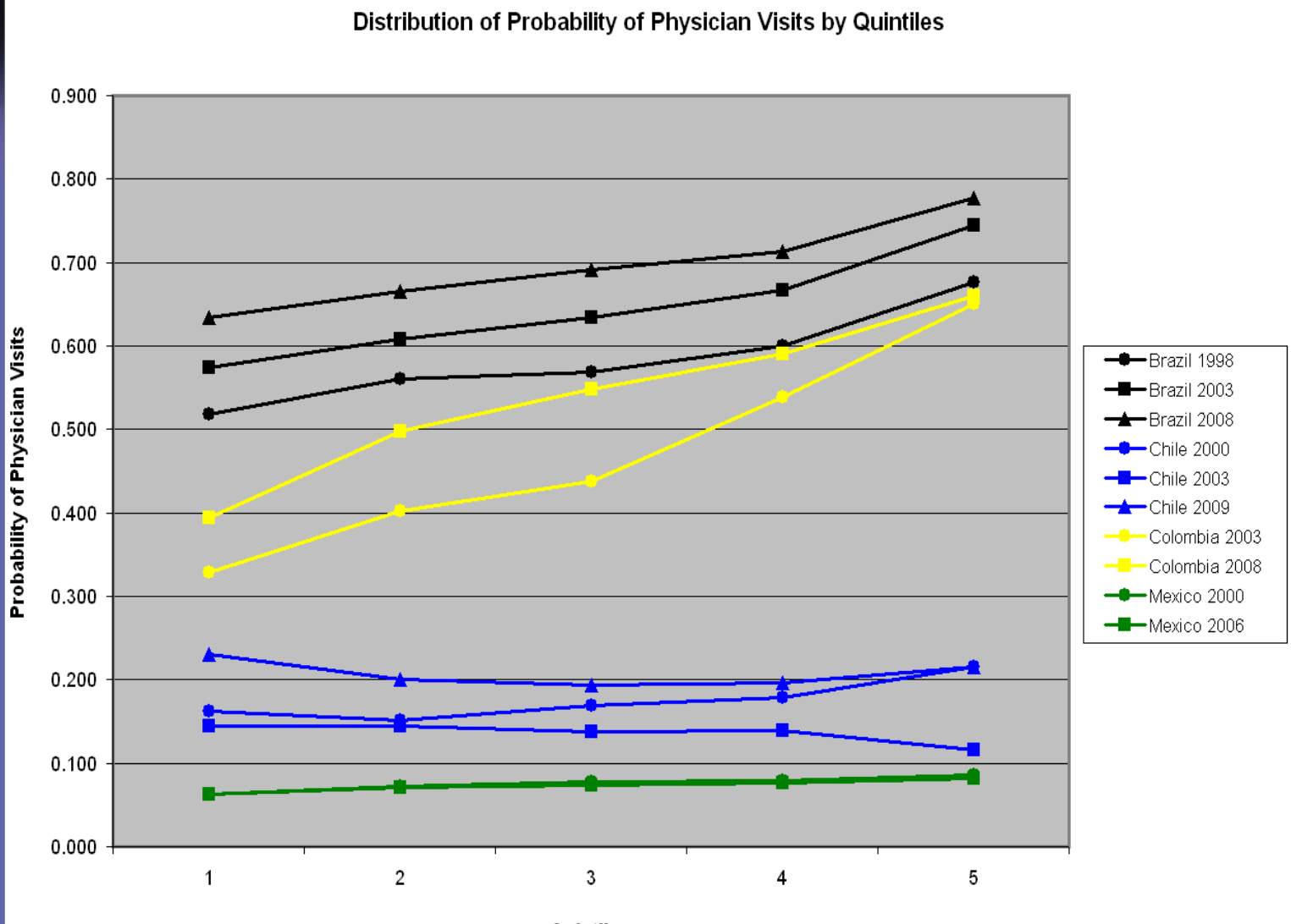
Since the implementation of UHC, there has been gradual and positive changes in health outcomes and health care utilization

- Growth in preventive health care (pro-rich)
- Reduction in inpatient health care (pro-poor)
- Less socioeconomic inequalities in the use of health care (outpatient and dental health care services)

Financial protection and progressivity

- Decline in progressivity of total health payments
- Reduction in catastrophic health expenditures

Comparative Results



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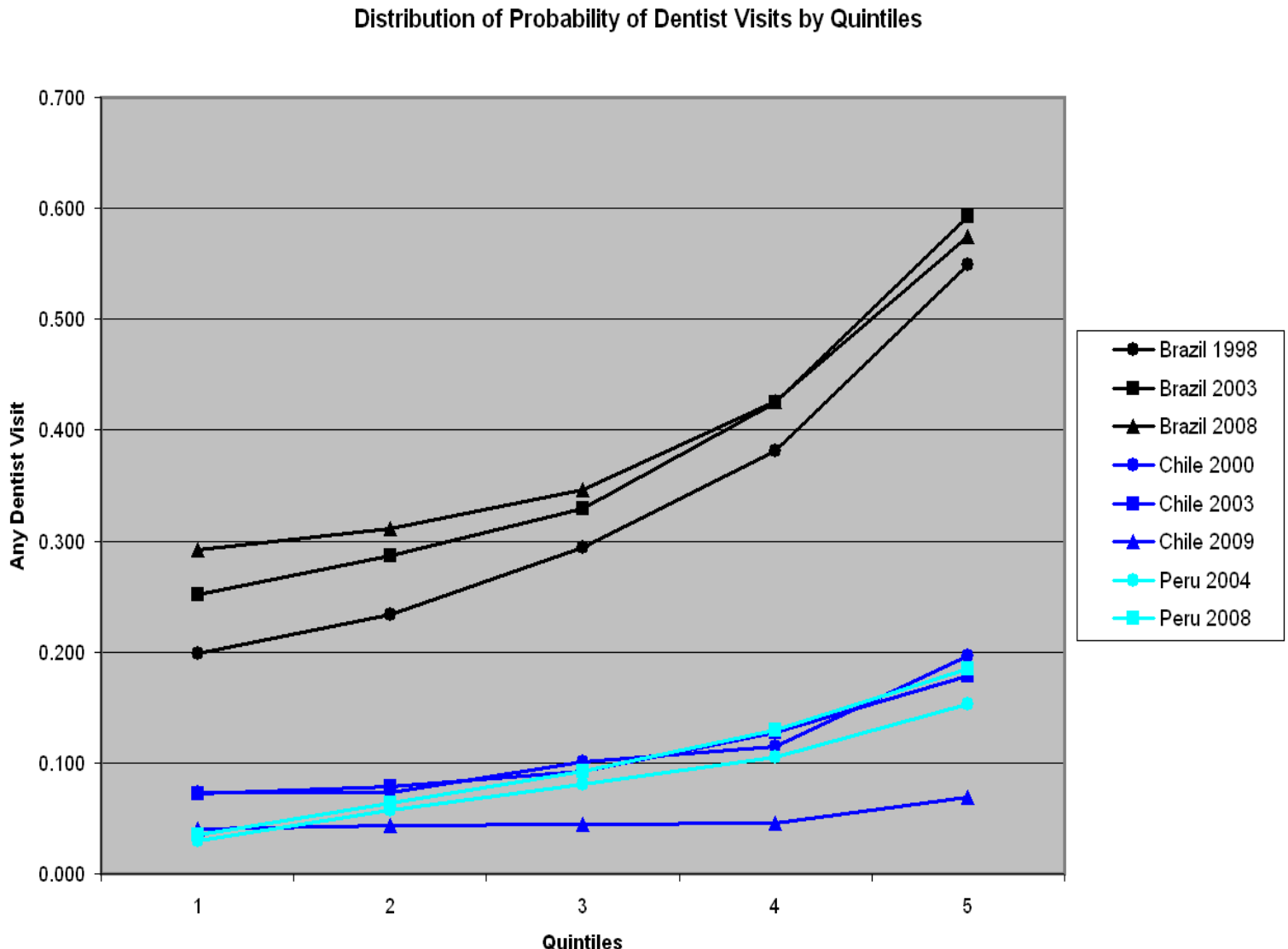
Comparative Results



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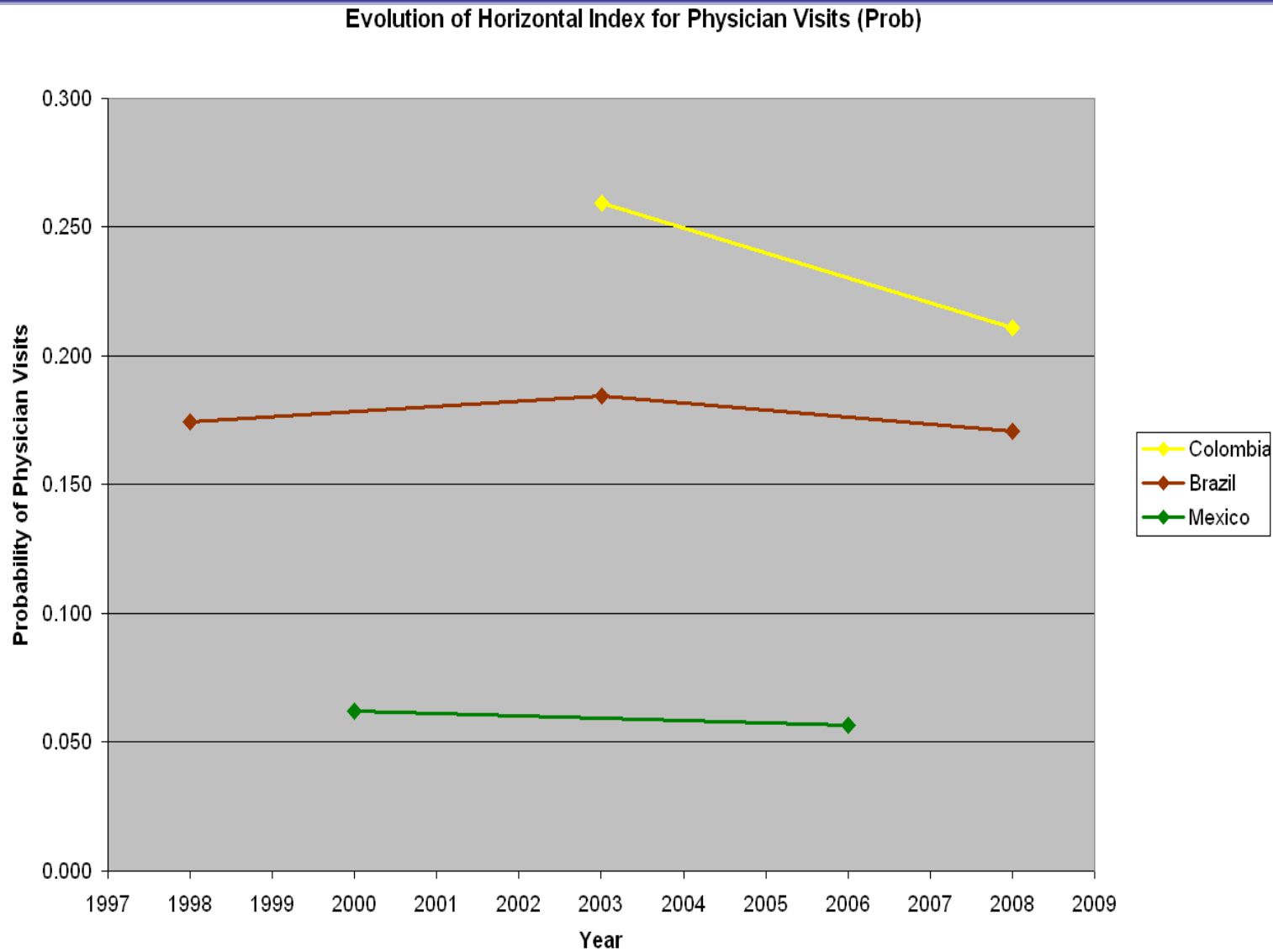

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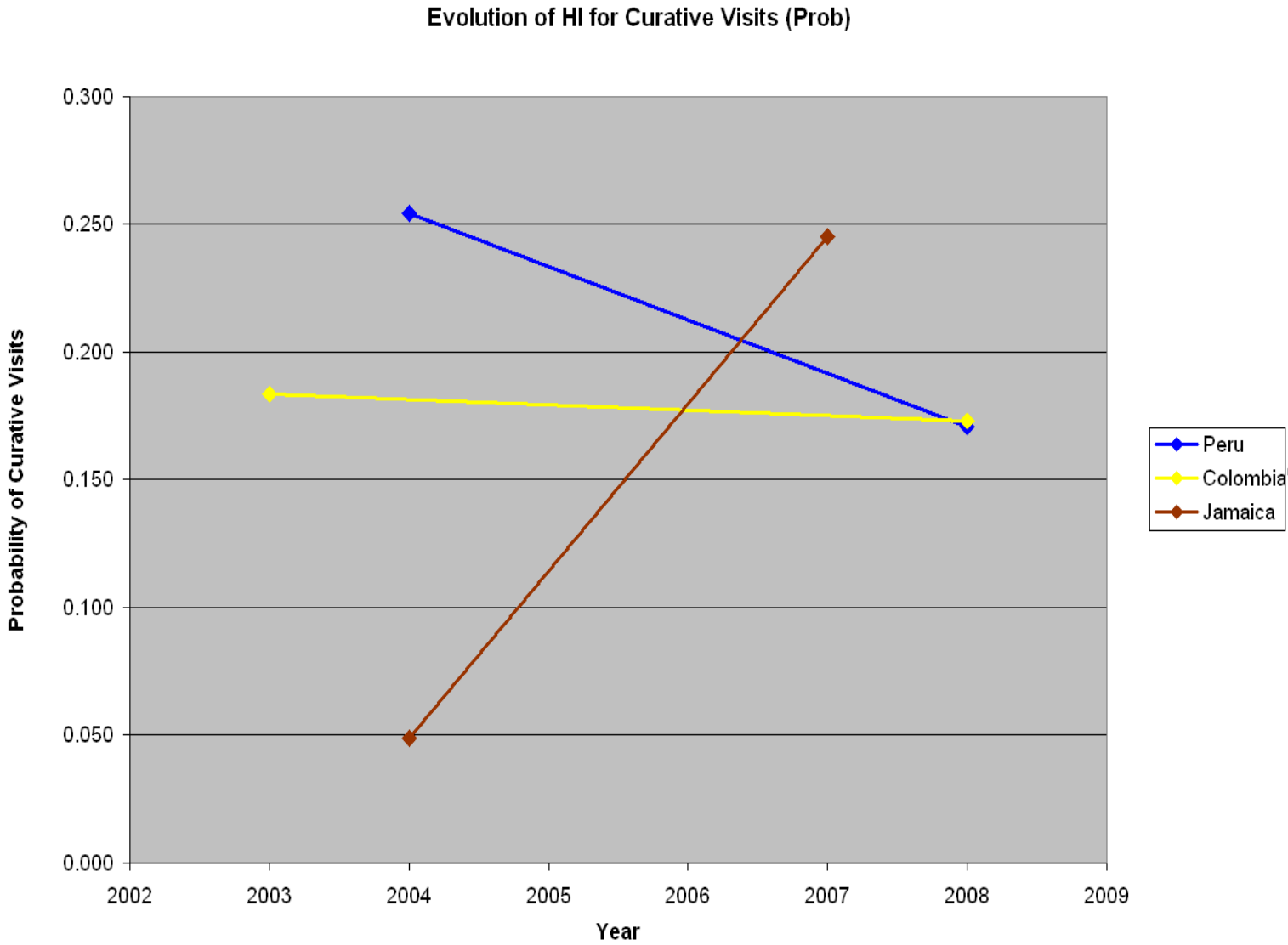

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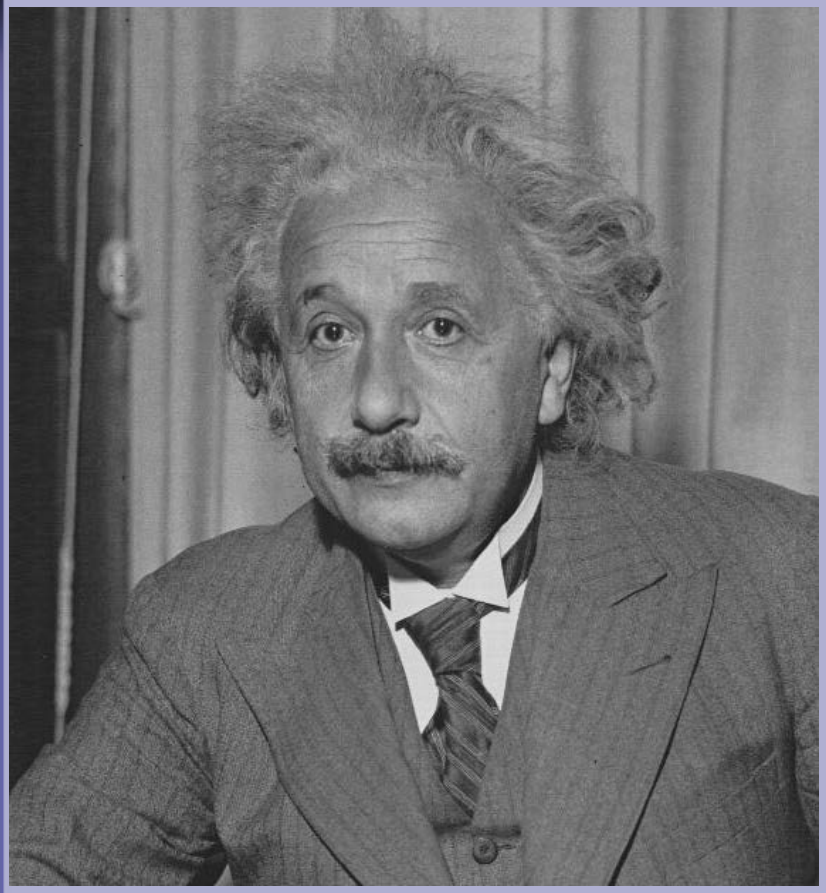

“In the middle of difficulty lies opportunity.”

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